

# **2005**

**MASSACHUSETTS DEPARTMENT OF REVENUE**

# **MASSACHUSETTS ESTIMATED INCOME TAX**

File voucher no. 1 with first payment, voucher no. 2 with second payment, voucher no. 3 with third payment and voucher no. 4 with fourth payment.  
Mail to: Massachusetts Department of Revenue, PO Box 7007, Boston, MA 02204.

**VOUCHERS ARE ON PAGES 2 THROUGH 5**

**Note:** You must make an entry in line 3.

Social Security number	Spouse's Social Security no.	Due date	Voucher <b>1</b>	Estimated tax for the year ending / / MONTH DAY YEAR
Last name (print) First name and initial (and spouse's, if joint return )				1. Estimated quarterly tax on 12% income (from line 2c of estimated tax worksheet):  \$
Street address				2. Estimated quarterly tax on long-term capital gain income (from line 3c of estimated tax worksheet):  \$
City/Town		State	Zip	3. Amount of this installment (from line 11 of estimated tax worksheet):  \$
Return this voucher with check or money order payable to: <b>Commonwealth of Massachusetts.</b>  Mail to: <b>Massachusetts Department of Revenue, PO Box 7007, Boston, MA 02204.</b> For Privacy Act Notice, see instructions for the form you file.				Check which form you plan to file: <input type="checkbox"/> Form 1 Full-Year Resident <input type="checkbox"/> Form 1-NR/PY Nonresident/Part-Year Resident <input type="checkbox"/> Telefile <input type="checkbox"/> Nonresident Composite Return

Note: You must make an entry in line 3.

Social Security number	Spouse's Social Security no.	Due date	Voucher <b>2</b>	Estimated tax for the year ending / / MONTH DAY YEAR
Last name (print) First name and initial (and spouse's, if joint return )				1. Estimated quarterly tax on 12% income (from line 2c of estimated tax worksheet):  \$
Street address				2. Estimated quarterly tax on long-term capital gain income (from line 3c of estimated tax worksheet):  \$
City/Town		State	Zip	3. Amount of this installment (from line 11 of estimated tax worksheet):  \$
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Note: You must make an entry in line 3.

Social Security number	Spouse's Social Security no.	Due date	Voucher <b>3</b>	Estimated tax for the year ending / / MONTH DAY YEAR
Last name (print) First name and initial (and spouse's, if joint return )				1. Estimated quarterly tax on 12% income (from line 2c of estimated tax worksheet):  \$
Street address				2. Estimated quarterly tax on long-term capital gain income (from line 3c of estimated tax worksheet):  \$
City/Town		State	Zip	3. Amount of this installment (from line 11 of estimated tax worksheet):  \$
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Note: You must make an entry in line 3.

Social Security number	Spouse's Social Security no.	Due date	Voucher <b>4</b>	Estimated tax for the year ending / / MONTH DAY YEAR
Last name (print) First name and initial (and spouse's, if joint return )				1. Estimated quarterly tax on 12% income (from line 2c of estimated tax worksheet):  \$
Street address				2. Estimated quarterly tax on long-term capital gain income (from line 3c of estimated tax worksheet):  \$
City/Town		State	Zip	3. Amount of this installment (from line 11 of estimated tax worksheet):  \$
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